Do	in this information to identify your obtor 1 Catherine F	,							
De	blor 1 Catherine F	enee Keid			$- \mid$				
1	btor 2 ouse, if filing)				[
Un	ited States Bankruptcy Court for the	e: EASTERN DISTRICT	FOF PENNSYLVANIA	L	_	•			
Ca	se number 16-12776					Check if this is:		•	
(If k	nown)	·				An amende	d filing		
L		· · · · · · · · · · · · · · · · · · ·				A suppleme			chapter
0	fficial Form 106I						<u> 2016</u>	owing date:	
S	chedule I: Your Inc	ome							12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ur spouse is not filing w On the top of any additi	ith you, do not includ	de infor	matio	about your spo	use. If mor	e space is r	eeded.
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fili	ng spouse	
	If you have more than one job,	Employment status	■ Employed		☐ Employed				
	attach a separate page with information about additional employers.	Employment status	☐ Not employed		☐ Not employed				
	information about additional employers.								
	employers.	Occupation	Home healthcar	e aid					
		Occupation Employer's name		e aid					
	employers. Include part-time, seasonal, or		Home healthcar	t, #202					7
	employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employer's name	Home healthcar Homemakers 444 N. 3rd Stree Philadelphia, PA	t, #202 \ 19123					
Pa	employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employer's name Employer's address How long employed to	Home healthcare Homemakers 444 N. 3rd Stree Philadelphia, PA	t, #202 \ 19123					
Esti	employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employer's name Employer's address How long employed to	Home healthcare Homemakers 444 N. 3rd Stree Philadelphia, PA	t, #202 \ 19123 ıs		ne, write \$0 in the	space. Inclu	de your non	-filing
Esti spo	employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. 12: Give Details About Momate monthly income as of the complex seasonal, or seasonal, or self-employed work.	Employer's name Employer's address How long employed to the state you file this form. If ore than one employer, co	Home healthcare Homemakers 444 N. 3rd Stree Philadelphia, PA there? 2 month you have nothing to re	t, #202 19123 ns eport for	any lir			-	-
Esti spo	employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. 12: Give Details About Momate monthly income as of the cuse unless you are separated. u or your non-filing spouse have meaning the seasonal or	Employer's name Employer's address How long employed to the state you file this form. If ore than one employer, co	Home healthcare Homemakers 444 N. 3rd Stree Philadelphia, PA there? 2 month you have nothing to re	t, #202 19123 ns eport for	any lir employ		n on the line	es below. If y	-
Esti spo	employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. 12: Give Details About Momate monthly income as of the cuse unless you are separated. u or your non-filing spouse have meaning the seasonal or	Employer's name Employer's address How long employed to the second of t	Home healthcare Homemakers 444 N. 3rd Stree Philadelphia, PA there? 2 month you have nothing to re combine the information	t, #202 19123 ns eport for	any lir employ	ers for that perso	n on the line	es below. If y	-
Esti spo if you mor	employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. 12: Give Details About Momate monthly income as of the cuse unless you are separated. u or your non-filing spouse have me space, attach a separate sheet to	Employer's name Employer's address How long employed to the second of t	Home healthcare Homemakers 444 N. 3rd Stree Philadelphia, PA there? 2 month you have nothing to re combine the information	t, #202 19123 ns eport for	any lir	ers for that perso	n on the line For Debt	es below. If y or 2 or g spouse	-

7/25/16 7:17PM

Deb	tor 1	Catherine Renee Reid	_	Ca	se number (if kn	own)	16-	12776		
				F	or Debtor 1			or Debto on-filing		
	Cop	by line 4 here	4.	\$	2,238	.00	\$	in-ming	N/A	
5.	List	all payroll deductions:					_			_
-	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	404	^^	٠.			
	5b.	Mandatory contributions for retirement plans	5b.	•			\$_ \$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	•		.00	\$ \$		N/A	
	5d.	Required repayments of retirement fund loans	5d.			.00	\$_ \$		N/A	
	5e.	Insurance	5a. 5e.			.00	 Տ		N/A	
	5f.	Domestic support obligations	5f.	\$.00	Š-		N/A	
	5g.	Union dues	5g.			•	~ م		N/A	
	5h.	Other deductions. Specify:	5h.	,	* · · · · · · · · · · · · · · · · · · ·	.00	т е́-		N/A	
6			_	Ţ,		.00	T - 3		N/A	_
6. 		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	404		\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,834	.00	\$		N/A	<u>.</u>
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						1		
	οı.	monthly net income.	8a.			.00	\$_		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.		<u>*</u>	.00	\$_		N/A	
	8d.	settlement, and property settlement. , Unemployment compensation	8c.			.00	\$_ _		N/A	
	8e.	Social Security	8d.	•		.00	\$_		N/A	
	8f.	Other government assistance that you regularly receive	8e.	\$	1,370	.00	»_		N/A	<u> </u>
	0 1.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.	.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	580		\$ -		N/A	
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0	.00	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,950	.00	\$_		N/.	A
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		3,784.00			N/A	= \$	2 704 00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		3,704.00	` *-		N/A		3,784.00
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.	Add Writ appl	the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain les	ult is t n <i>Liab</i>	he ci	ombined mont s and Related	hly ii Data	ncome		\$	3,784.00
									Combi	ned
13.	Doy	ou expect an increase or decrease within the year after you file this form?	?							nea ly income
		No.								
		Yes. Explain:								